

Name  
in  
Full

Perry Anderson:

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1907	6	6	Age at death	64	
Sex	Male	Color or Race	White	Birth- place	Maryland
Occupation			Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	William Anderson		Father's Birthplace	Maryland	
Mother's Maiden Name			Mother's Birthplace		
Name of person giving Information			How related to deceased		

CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary

How long

Immediate

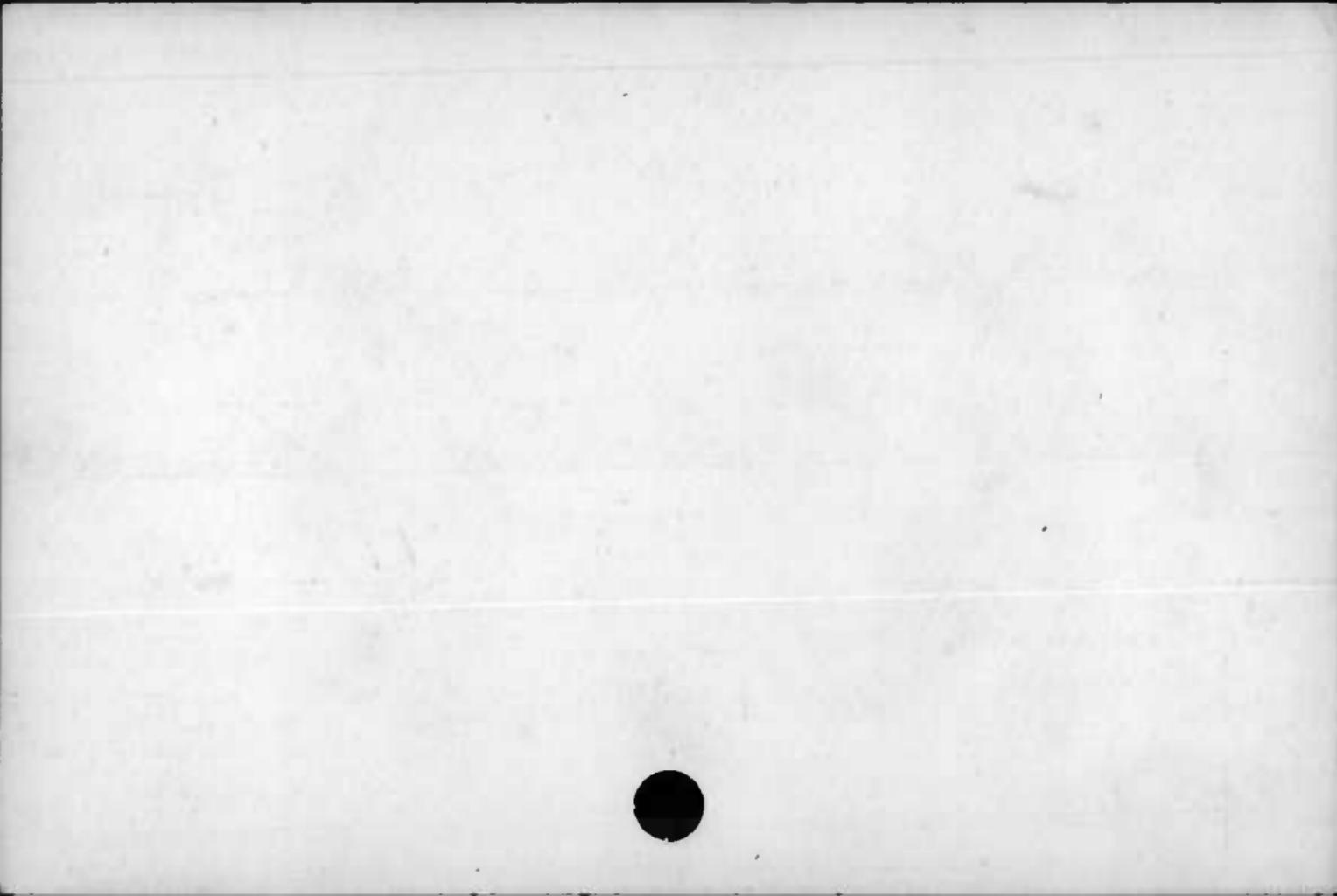
How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

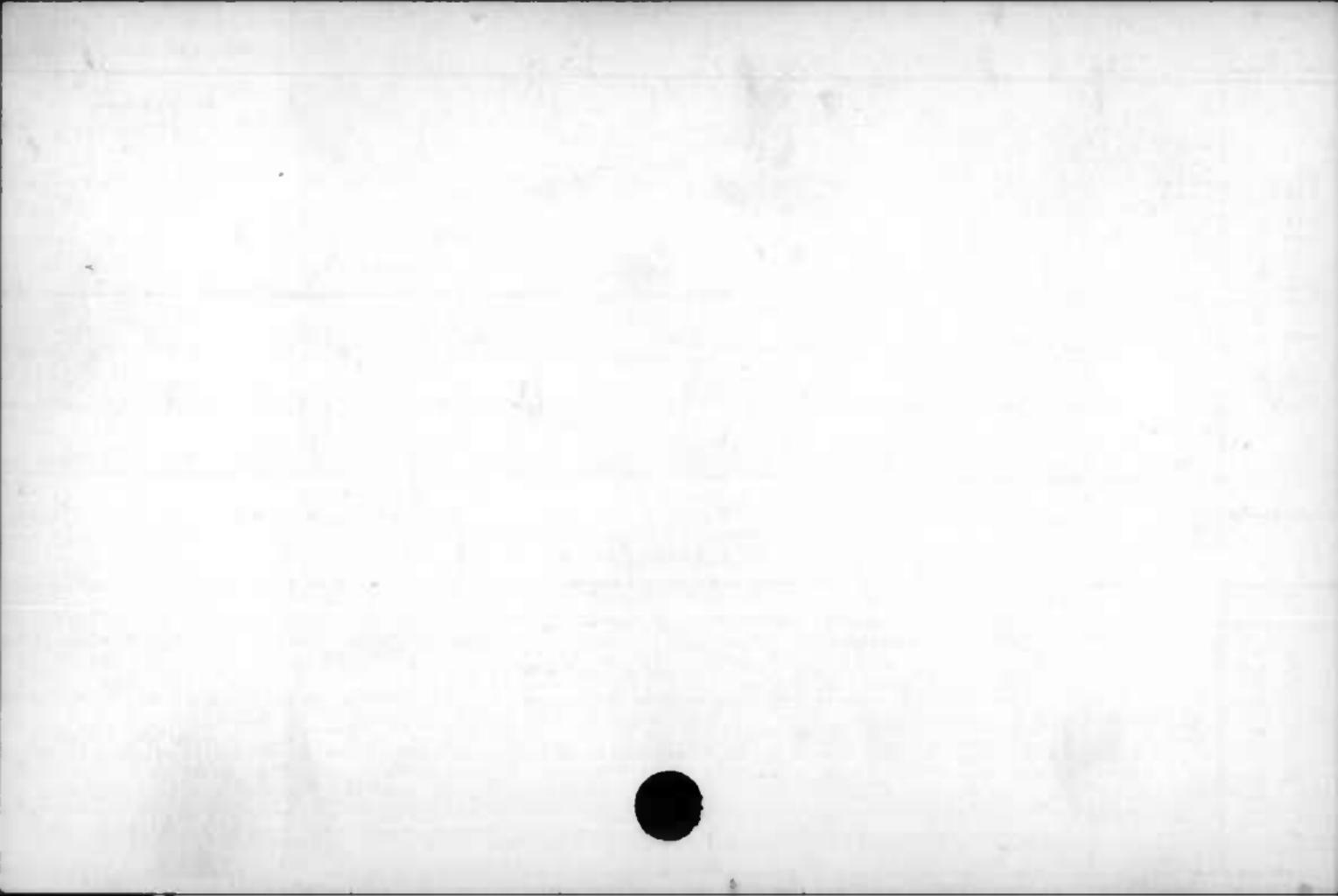
Margaret Reabe Beachum

CERTIFICATE OF DEATH

Died at <u>Baltimore</u>		County <u>Maryland</u>		MARYLAND		
Date of death <u>1907</u>	Month <u>June</u>	Day <u>5</u>	Years <u>1</u>	Months <u>6</u>	Days <u>nd</u>	
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Md</u>				
Occupation <u></u>		Where Residing if not at place of death <u></u>				
Married, Single or Widowed <u></u>	Name of Wife or Husband <u></u>					
Father's Name <u>Henry A Beachum</u>	Father's Birthplace <u>3rd</u>					
Mother's Maiden Name <u>Laura Lee Inc David</u>	Mother's Birthplace <u>nd</u>					
Name of person giving information <u>Henry A Beachum</u>	How related to deceased <u>Father.</u>					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <u>Pneumonia</u>	(93)	How long <u>56 hours</u>
	Immediate <u>Pneumonia</u>		How long <u>56 hours</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Geo. W. Good per Dr. Geo. W. Good</u>	
Yes		Address <u>100 E. Pratt Street</u>	
Accident or Suicide?			



Name  
in  
Full

Sophie W. Bennett

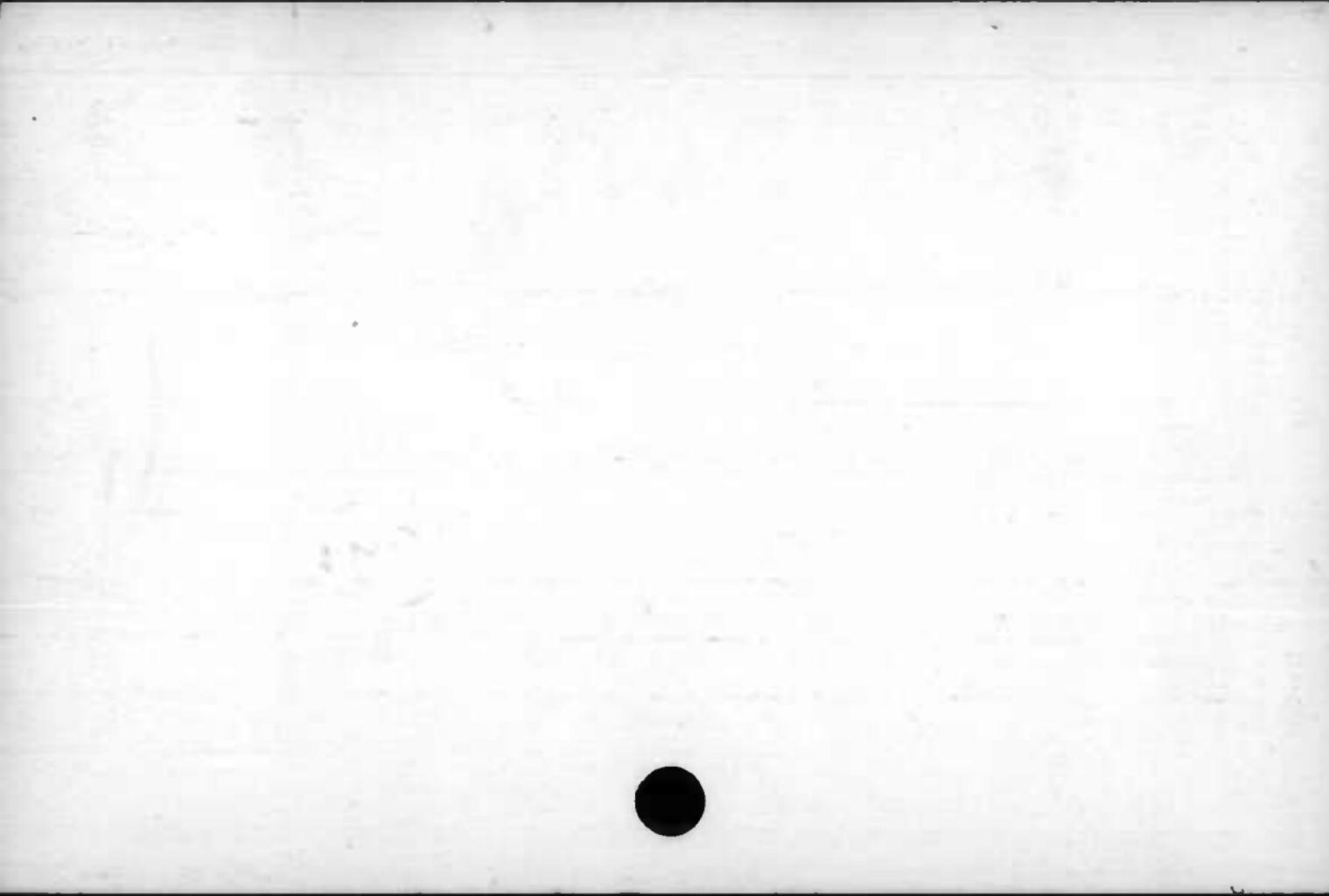
CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	George Bennett		Father's Birthplace	Delaware.	
Mother's Maiden Name	Matilda Ecopst		Mother's Birthplace	Delaware	
Name of person giving information	Mary Bennett		How related to deceased	Wife.	
CAUSES OF DEATH			79		

Primary	Old age. Singly		How long	3 years
Immediate	Cardiac asthma		How long	1 yr.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Wm H. Gassaway	
		Address	Shaylon - Hill	
Accident or Suicide?				

PHYSICIAN  
OR CORONER



Name  
in  
Full

Mary E. Cartwell

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	William E. Cartwell			
Father's Name	Wm. S. Halland				
Mother's Maiden Name	Don't know				
Name of person giving information	Joseph Campbell				
CAUSES OF DEATH					
Primary	Dropsy due to Heart & kidney disease several years				
Immediate	Inanition & general debility for 4 weeks				
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
yes		F. M. Stevens			
		Address			
		Salisbury			
		Md.			

PHYSICIAN  
OR CORONER

179

How long

How long

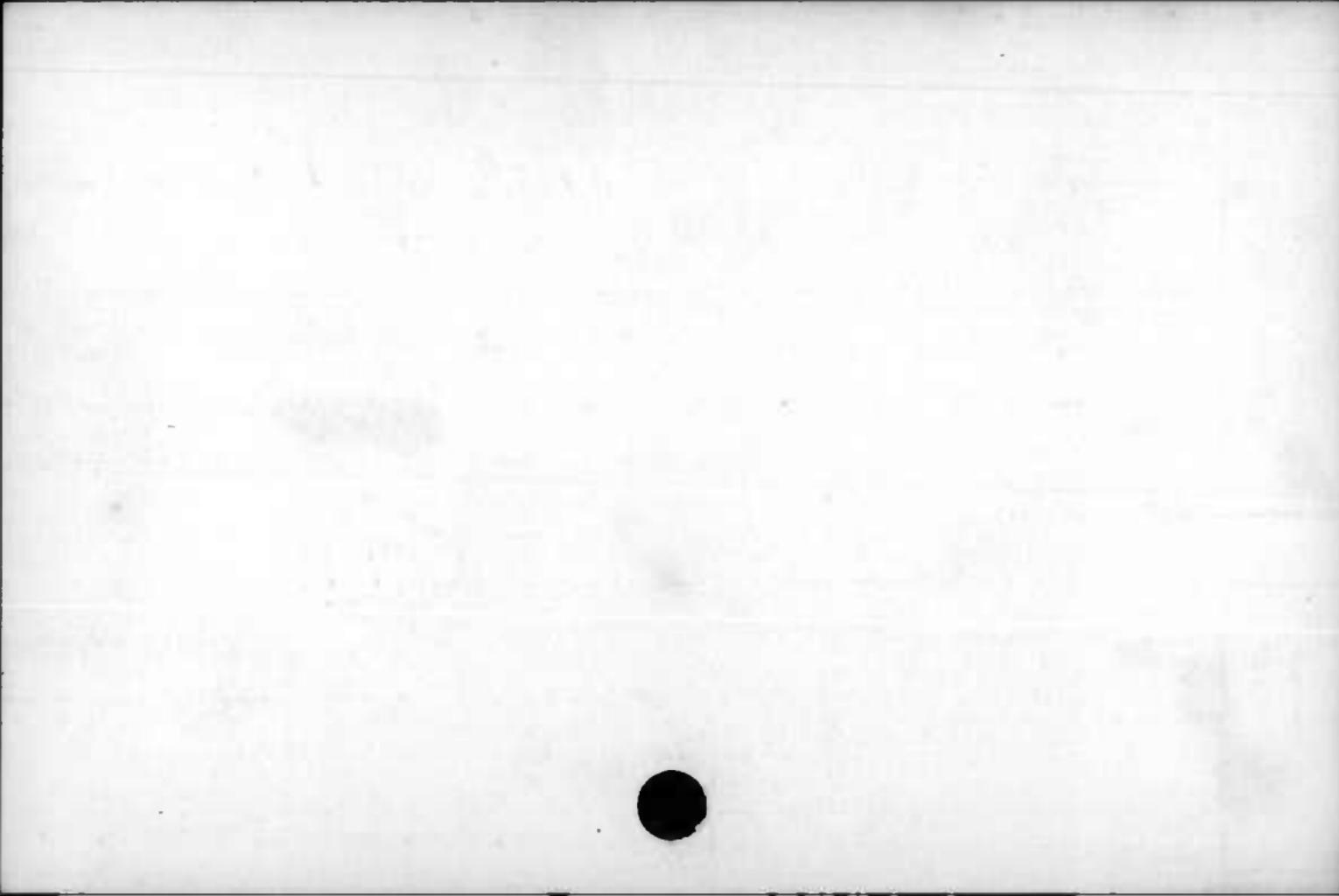
yes

F. M. Stevens

Salisbury

Md.

Accident or Suicide?



Name  
in  
Full

Ezraett D Collier

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

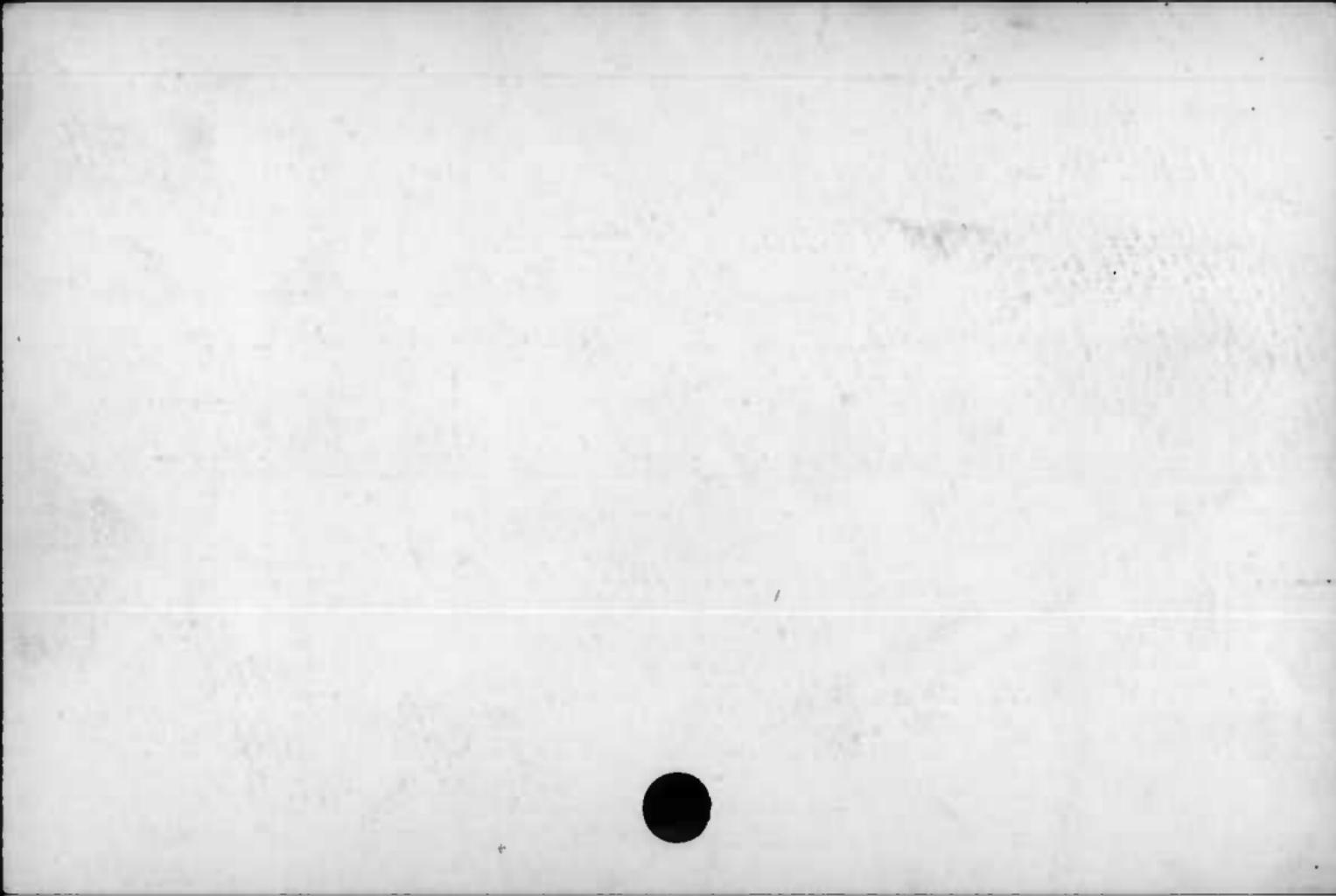
Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birthplace			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased				

CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	Hyp. Chl.	
Immediate	Cardiac Arrest	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	
	Address	
Accident or Suicide?	J.P.B. wife housewife	



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND
Date of death	Month	Years	Months Days
Sex	Color or Race	Birth-place	Virginia
Occupation	Where Residing if not at place of death		
Married, Single or Widowed.	Name of Wife or Husband	Peggy Copes	Northampton Co., Virginia
Father's Name	John L. Copes Sr.	Father's Birthplace	Northampton Co., Virginia
Mother's Maiden Name	Elizabeth Bell	Mother's Birthplace	"
Name of person giving information	John H. DeWald	How related to deceased	Brother in Law

## CAUSES OF DEATH

116

How long

Several weeks  
How long  
3-5 daysPHYSICIAN  
OR CORONER

Primary Cause of Death

Immediate Cause

Are the name, age, sex, color, date and place correctly given above?

Yes

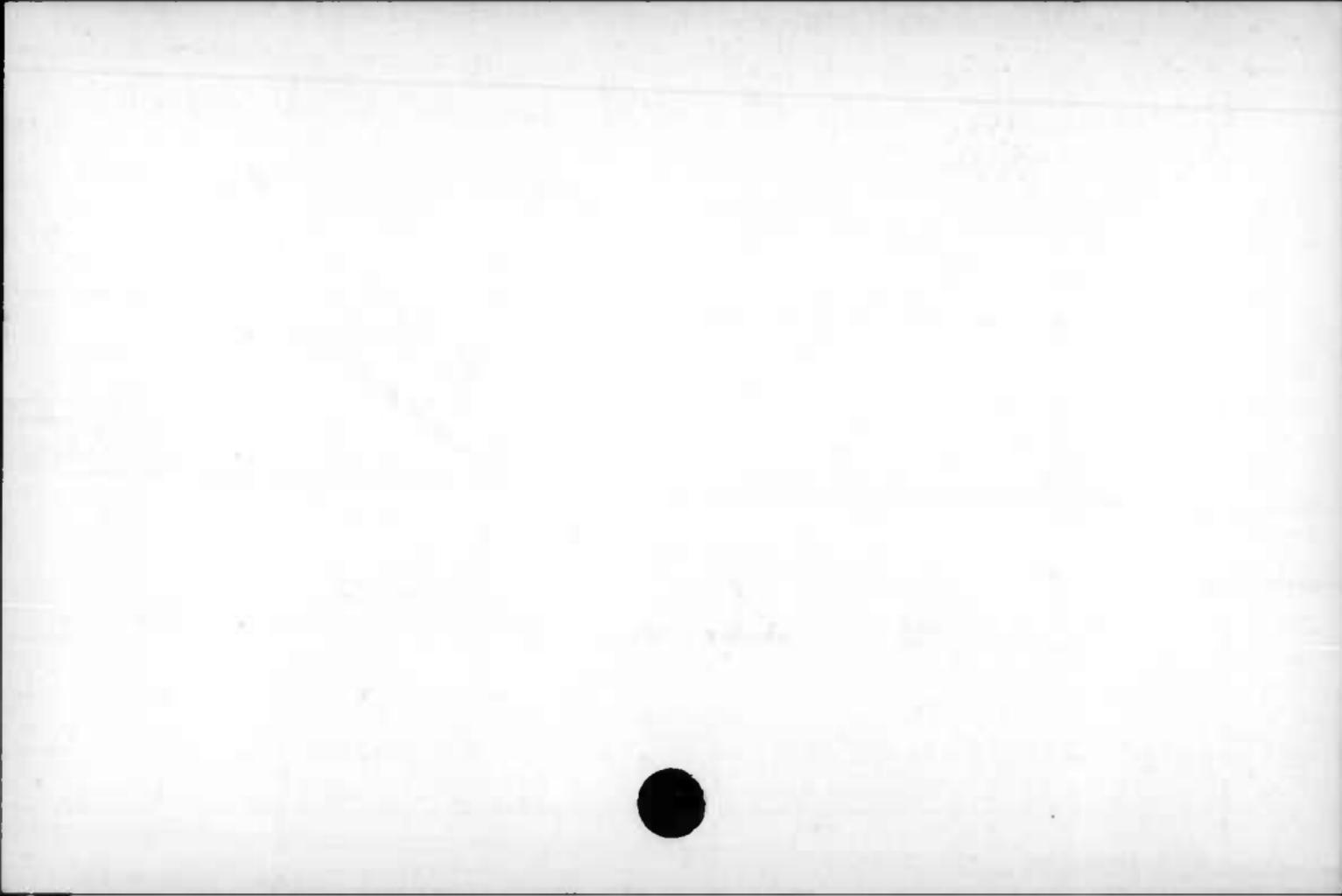
Signature of Physician

Address

McDermid

Accident or Suicide?

No



Name  
in  
Full

Charles H. Conley

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Sharpstown	town	County	MARYLAND		
Date of death	1907	Month June	Day 21	Age 77	Years	Months 4
Sex	Male	Color or Race	White	Birth-place	Days 6 Sharpstown Md.	
Occupation	Labour at Mill		Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Mary E. Conley	Father's Birthplace	Unknown	
Father's Name	William Conley			Mother's Birthplace	Near Sharpstown	
Mother's Maiden Name	Elizabeth Walker			How related to deceased	Son.	
Name of person giving information	Joseph E. Conley					
CAUSES OF DEATH				79		
Primary	Vehicle Regurgitation, Nephritis		How long	Don't know		
Immediate	Anasarca		How long	2 months.		

PHYSICIAN  
OR CORONER

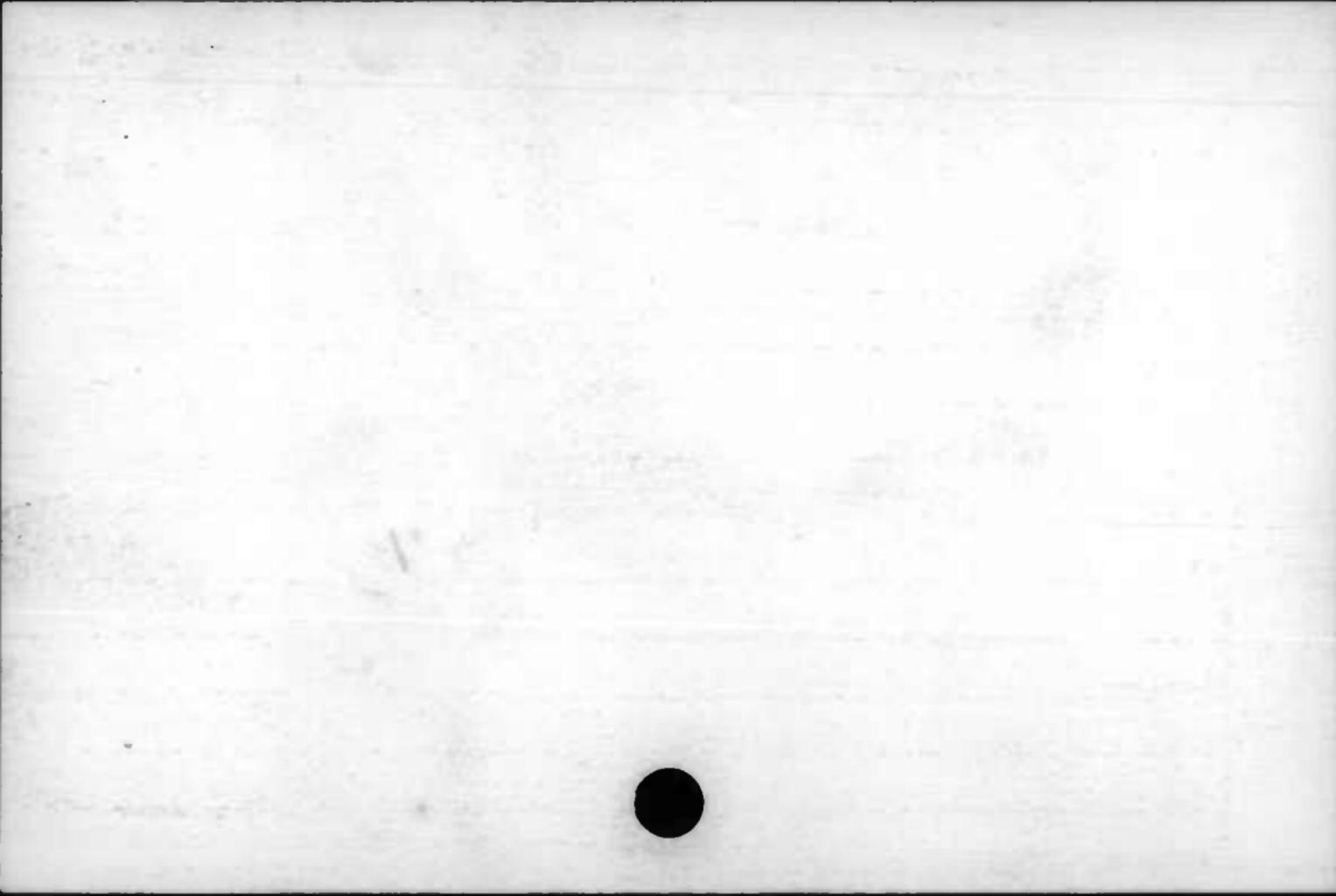
Are the name, age, sex, color, date and place correctly given above?

Accident or Suicide?

Signature of Physician

Address

Jon W Glasgow  
Sharpstown  
Md



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

Ludavia Dischield				CERTIFICATE OF DEATH		
Died at		Town	County		MARYLAND	
Hutchland		Gloucester				
Date of death	1907	Month June	Day 30	Years	Months 10	Days
Sex	Female	Color or Race	Black	Birth-place	Maryland	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	John Dischield			Father's Birthplace	Md	
Mother's Maiden Name	Priscilla Jones			Mother's Birthplace	Md	
Name of person giving Information	John Dischield			How related to deceased	Father	

CAUSES OF DEATH

Primary

Absentee

(14)

How long

Immediate

Lethal

How long

2 weeks

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

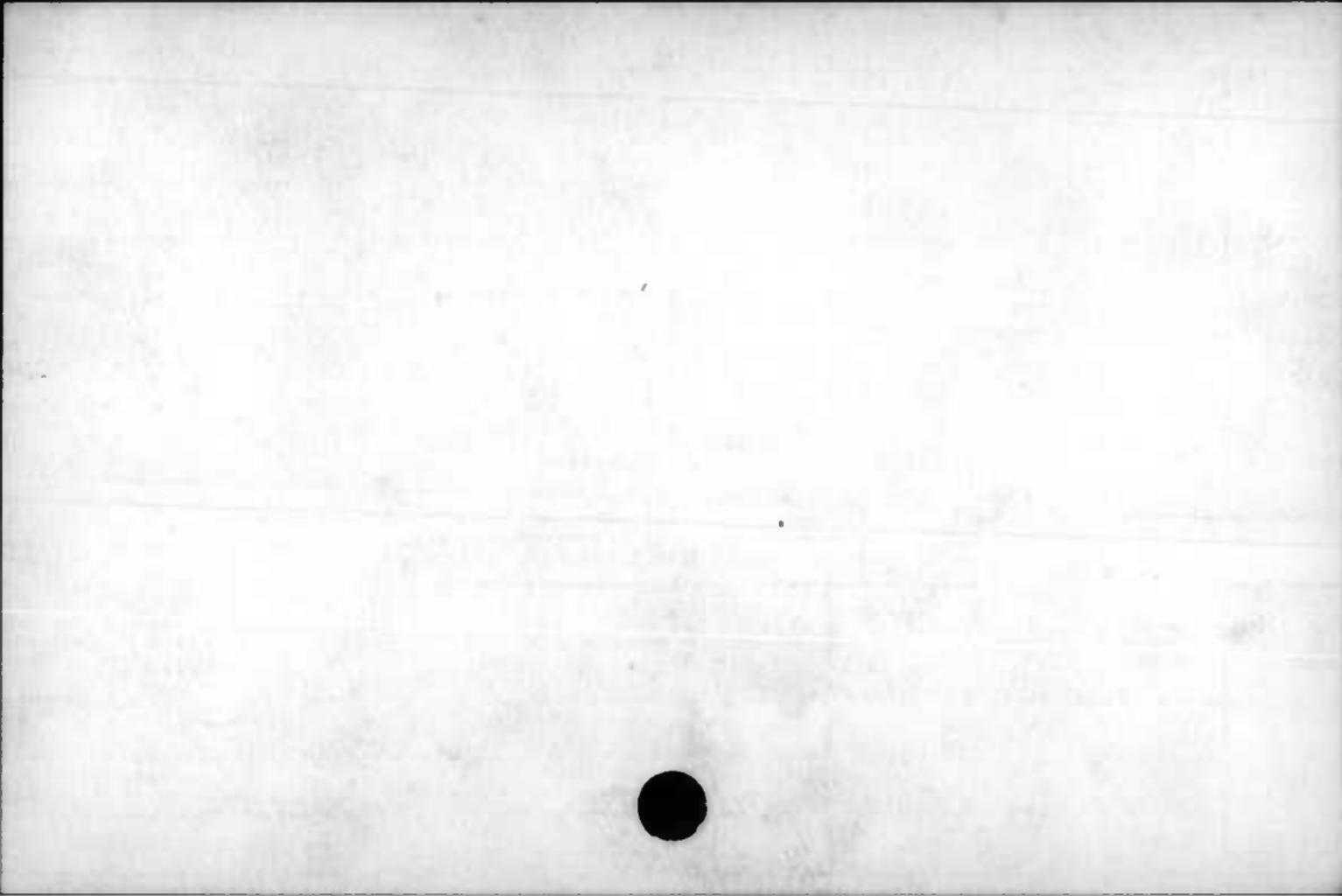
Yes

Signature of Physician

Address

Dr C P Gant  
Salisbury Md

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Bivalve</u> <small>own</small>		County <u>Wicomico</u>		CERTIFICATE OF DEATH	
Date of death <u>1907</u>	Month <u>6</u>	Day <u>18</u>	Years <u>60</u>	Months <u>5</u>	Days <u>1</u>
Sex <u>Male</u>	Color or Race <u>white</u>	Birth-place <u>Maryland</u>			
Occupation _____	Where Residing if not at place of death _____				
Married, Single or Widowed <u>S</u>	Name of Wife or Husband _____				
Father's Name <u>Minus Dunn</u>	Father's Birthplace <u>"</u>				
Mother's Maiden Name <u>Nina Bennett</u>	Mother's Birthplace <u>Delaware</u>				
Name of person giving information <u>Minus Dunn</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

179

How long

Immediate No Physician

How long

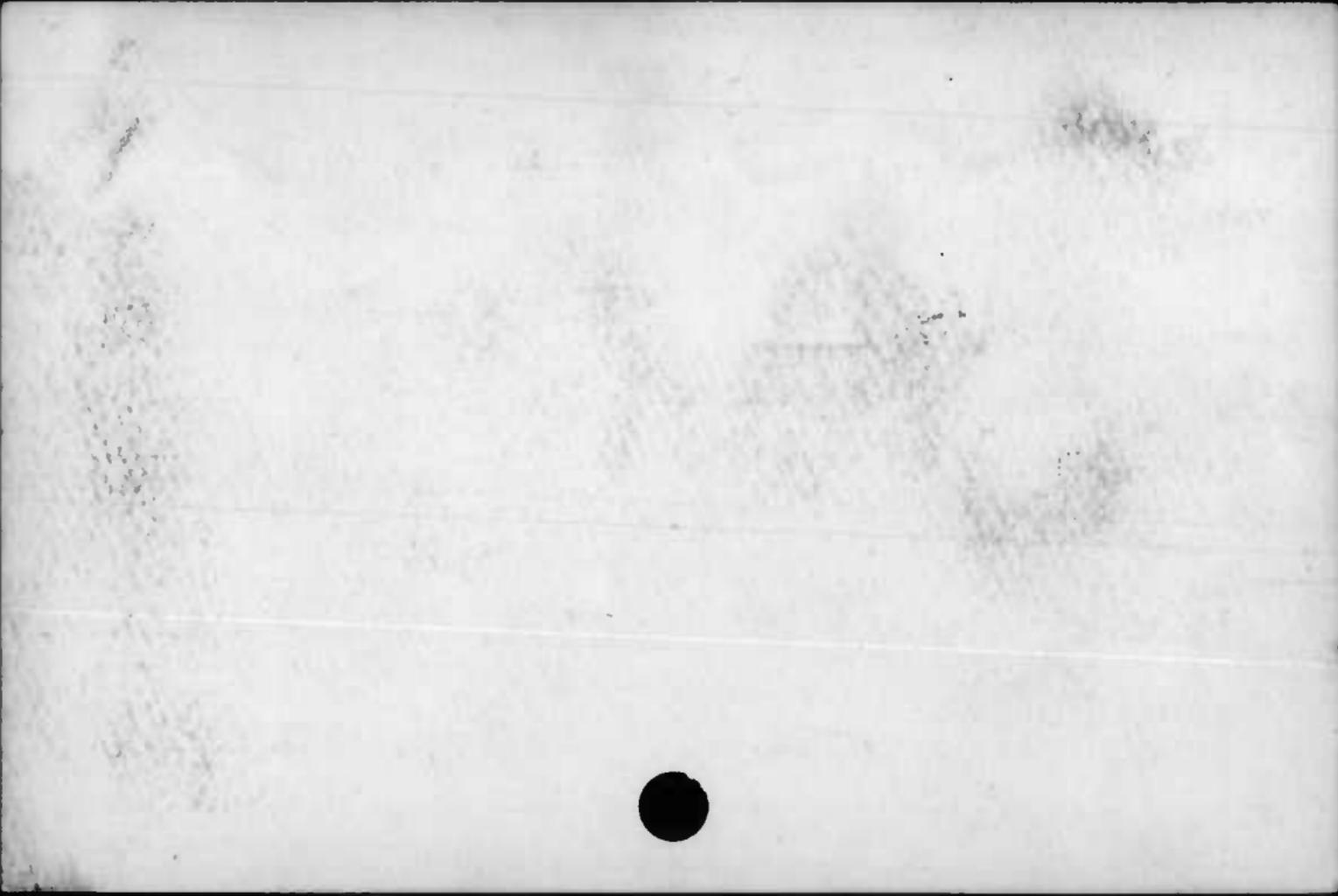
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

C. H. Guerich  
Understethor

Accident or Suicide?



Name  
in  
Full

Zydia Dunn

CERTIFICATE OF DEATH

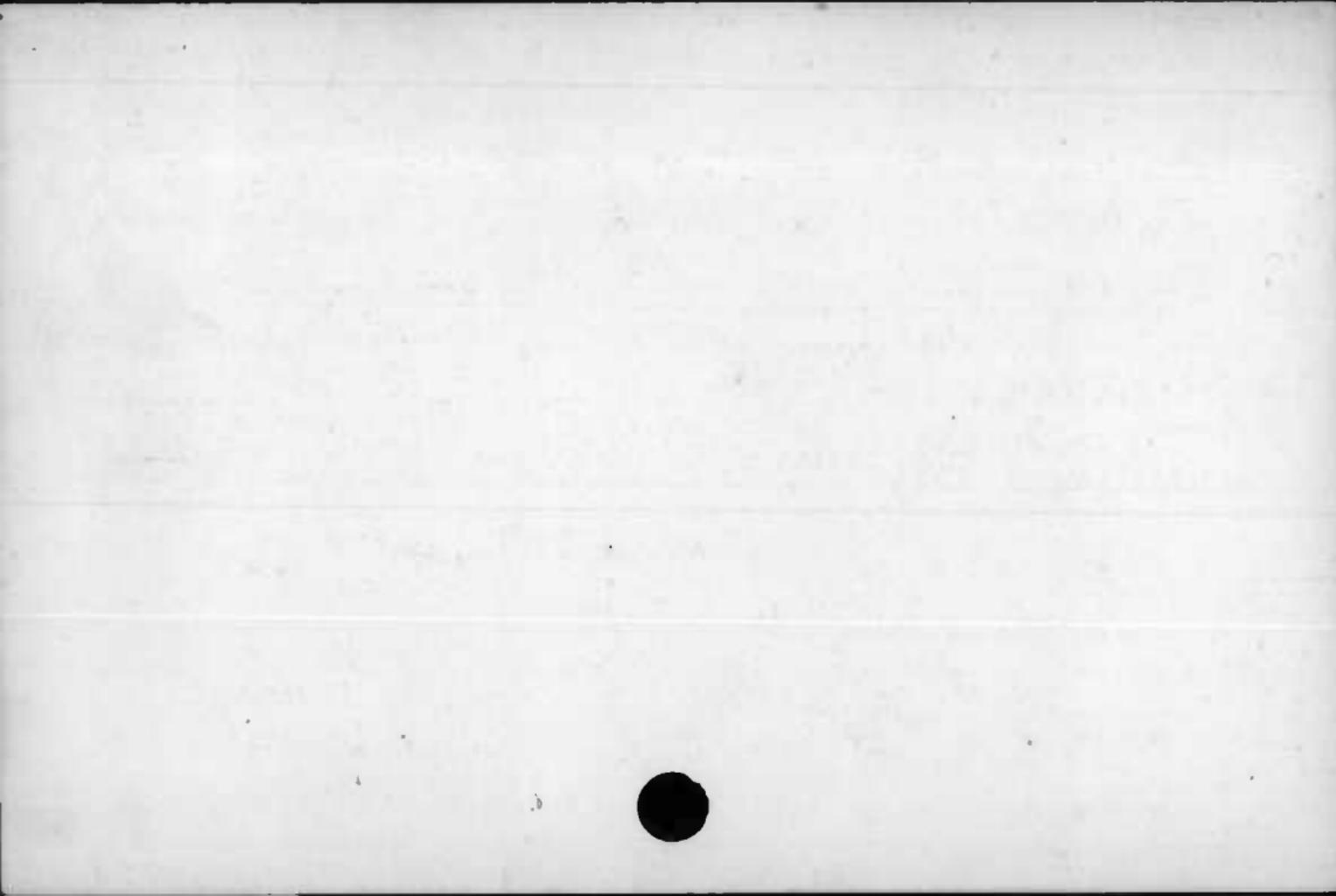
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months
Occupation	Where Residing if not at place of death	Birthplace	Days
Married, Single or Widowed	Name of Wife or Husband		
Father's Name		Father's Birthplace	
Mother's Maiden Name		Mother's Birthplace	
Name of person giving Information		How related to deceased	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	54	How long
Immediate	Peritonitis Hemorrhage	How long
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician
		Address
Accident or Suicide?		



Name  
in  
Full

Ruby, Evans

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

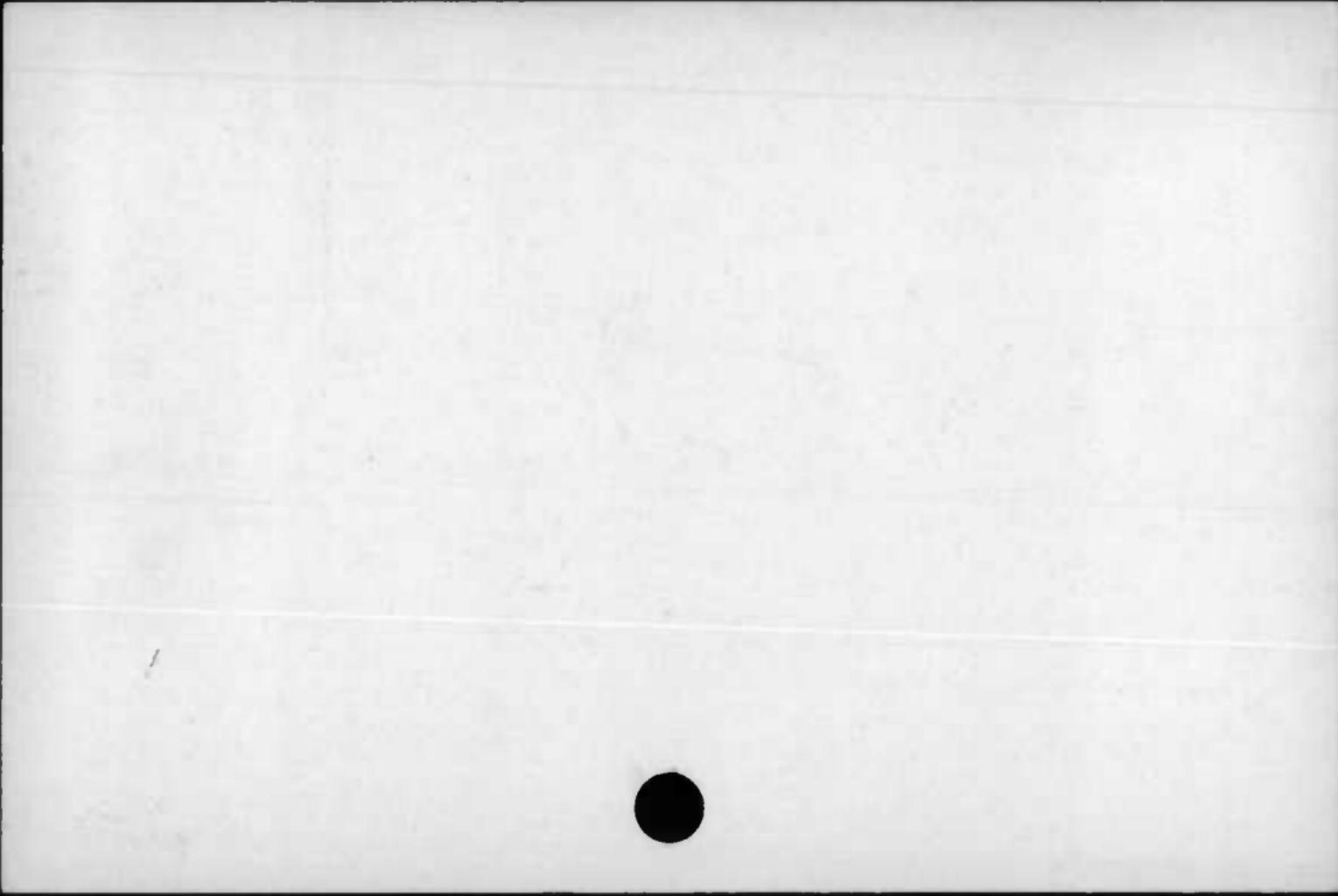
PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1907	6	27	—	6	00
Sex	Female	Color or Race	white	Birth- place	Md.
Occupation	Housewife	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband	Mozie		
Father's Name	J. D. Evans	Father's Birthplace	Md		
Mother's Maiden Name	Minerva, Evans	Mother's Birthplace	Va		
Name of person giving Information	J. D. Evans	How related to deceased	Father		

CAUSES OF DEATH

(157)

Primary	Marasmus	How long	6 mo.
Immediate	Iles - Colitis	How long	6 days
Are the name, age, sex, color, date and place correctly given above?	Yes,	Signature of Physician	Hedderlie
		Address	Gardale Springs Md
Accident or Suicide?			



Name  
in  
Full

Emily E. Gibson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

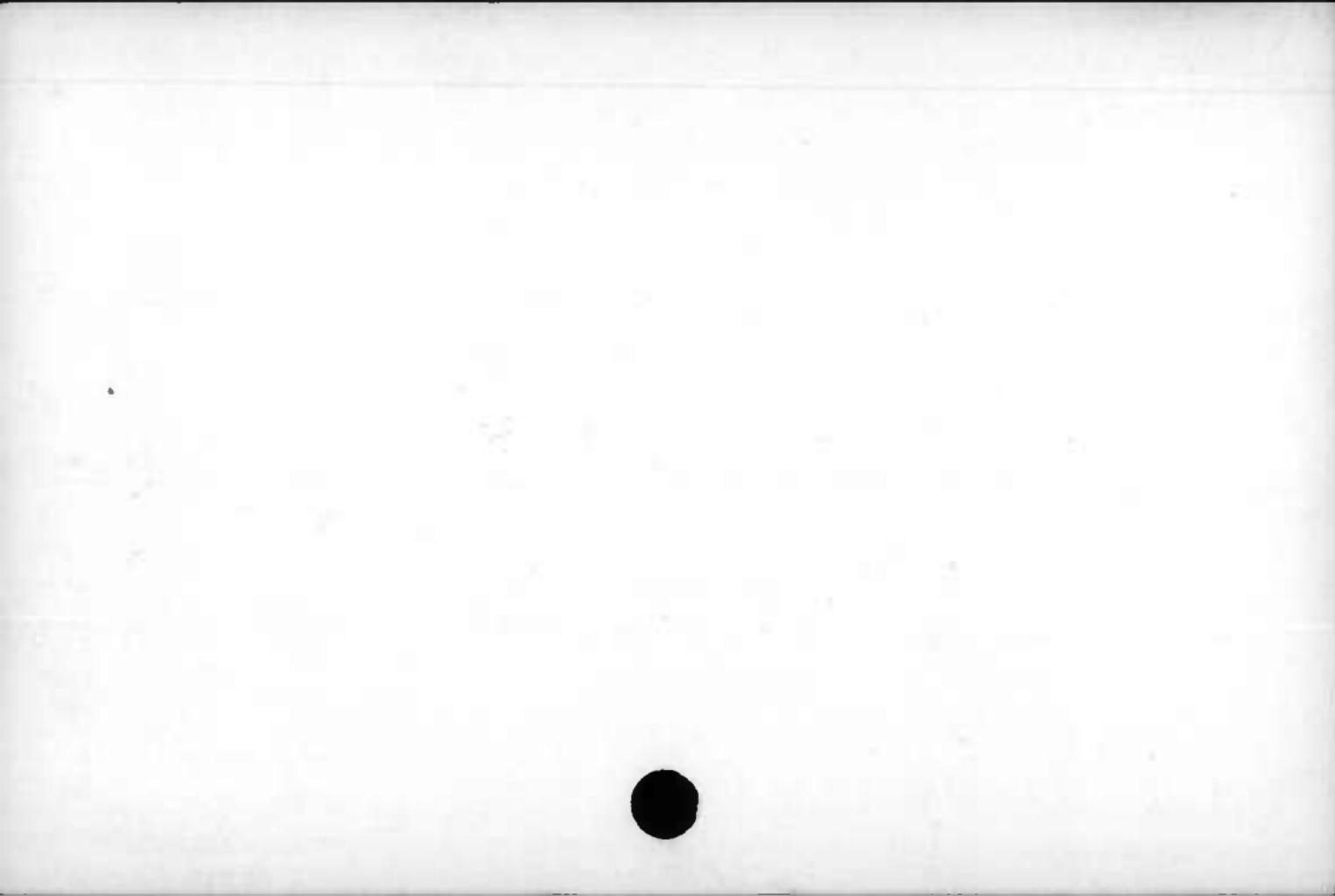
Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Female	Color or Race	White	Birth-place
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Geo. H. Gibson	Father's Birthplace
Father's Name	John M. Horner			
Mother's Maiden Name	Nancy Harris	Mother's Birthplace		
Name of person giving information	Geo. H. Gibson	How related to deceased		

CAUSES OF DEATH

45

PHYSICIAN  
OR CORONER

Primary	Osteo-Sarcoma of knee	How long	1 year or more
Immediate	Cachexia & general emaciation	How long	second winter
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Louis W. Remond MD
geo.		Address	Salisbury Md.
Accident or Suicide?			



Name  
in  
Full

Edwin C. Grubbs

CERTIFICATE OF DEATH

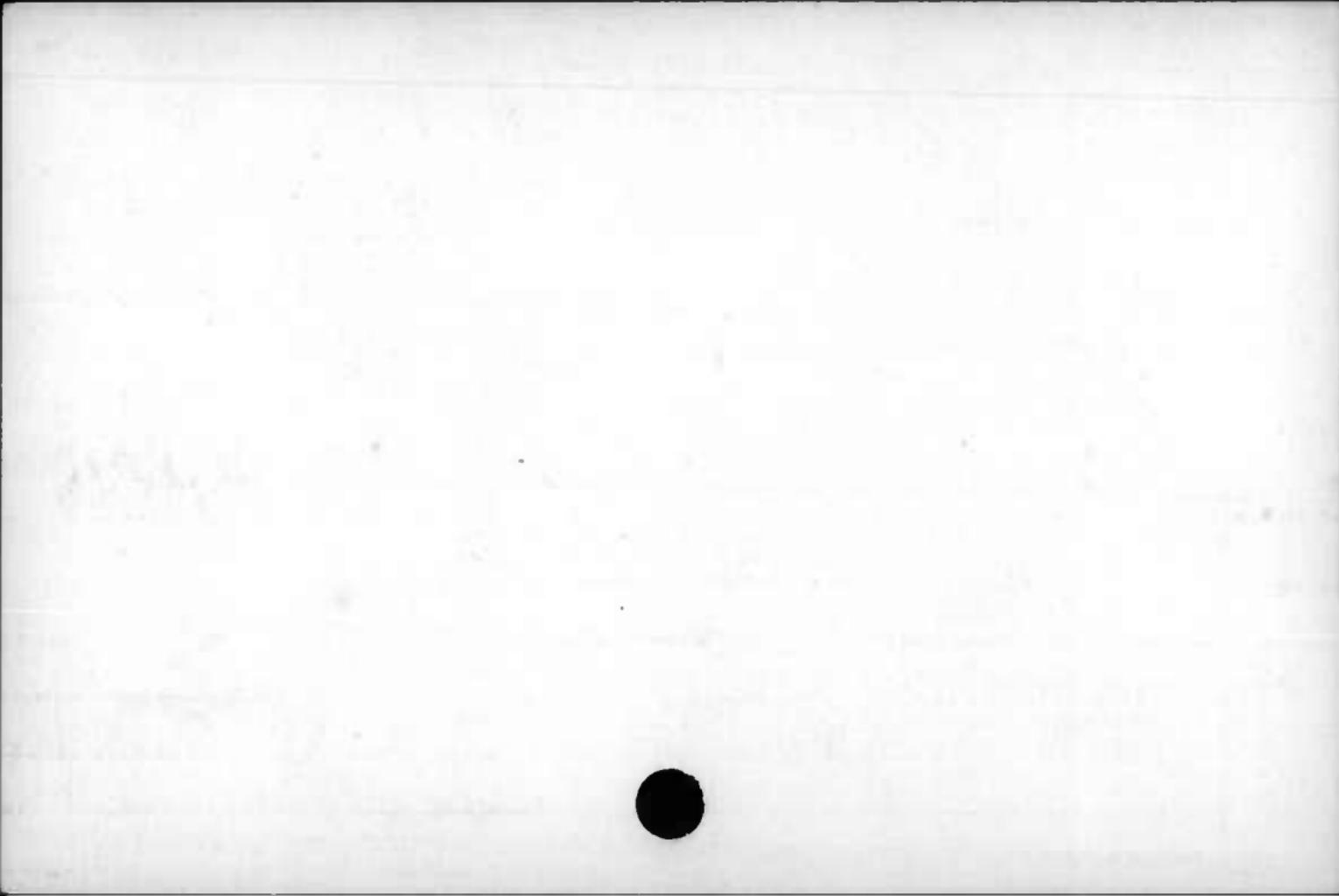
To BE ANSWERED BY  
NEAREST FRIEND

Town	County		MARYLAND	
Died at Salisbury	Wicomico			
Date of death 1907	Month Jun	Day 13	Years Age, 55	Months 6
Sex Male	Color or Race white	Days 17		
Occupation Merchant	Where Residing if not at place of death Salisbury			
Married, Single or Widowed Single	Name of Wife or Husband			
Father's Name John Grubbs	Father's Birthplace Md			
Mother's Maiden Name Charlotte Stevens	Mother's Birthplace Md			
Name of person giving information Dr. Stevens	How related to deceased not at all			

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary Acute indigestion	(104)	How long one hour
Immediate Heart Failure		How long 3rd minutes
Are the name, age, sex, color, date and place correctly given above?	Yrs	Signature of Physician F. M. Stevens M.D.
		Address Salisbury
Marked Suicide?		



Name  
in  
Full

Annie E. Holt

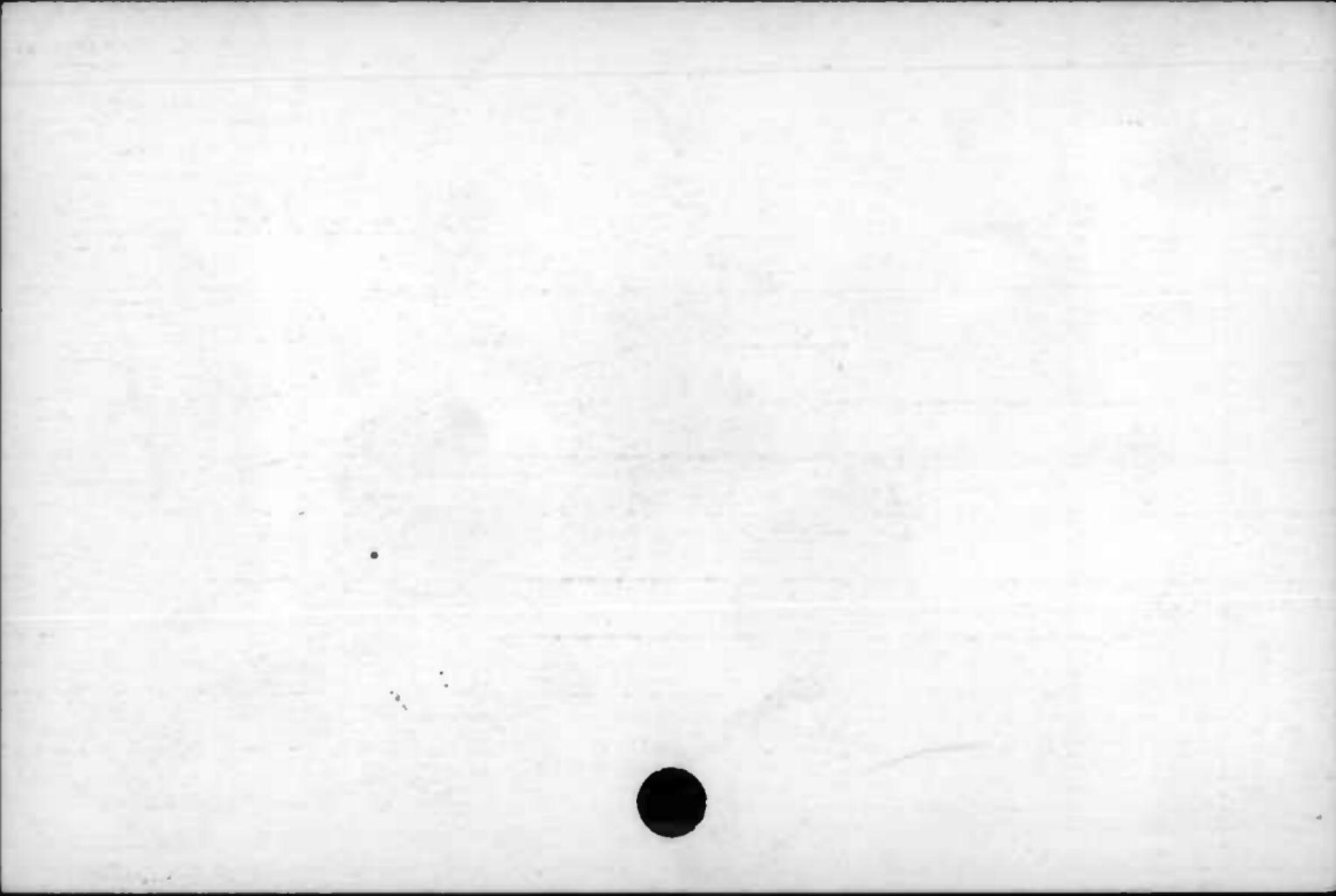
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Near Sharptown</u>		County <u>Wicomico</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>June</u>	Day <u>22</u>	Years <u>65</u>	Months <u>3</u>	Days <u>10</u>
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birth-place <u>unknown</u>			
Occupation <u>House wife</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Widowed</u>	Name of Wife or Husband <u>Benjamin J. Holt</u>				
Father's Name <u>George Brown</u>	Father's Birthplace <u>Wilmington NC</u>				
Mother's Maiden Name <u>Unknown</u>	Mother's Birthplace <u>Unknown</u>				
Name of person giving information <u>Jas Spencer</u>	How related to deceased <u>Nearest friend</u>				
CAUSES OF DEATH					
Primary <u>Sufferring from</u>	How long <u>3 months</u>				
Immediate <u>Cardiac Failure</u>	How long <u>quick</u>				
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Wm. P. Cassaway</u>	Address <u>Sharptown Md.</u>		
Accident or Suicide?					

PHYSICIAN  
OR CORONER

65



Name  
in  
Full

Radie M Hudson

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Died at	Salisbury	Wicomico				
Date of death	1907	Month	Day	Years	Months	Days
Sex	Femal	Color or Race	White	Age	3	2
Occupation	None	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	Charles H Hudson	Father's Birthplace				
Mother's Maiden Name	Nancy Truitt	Mother's Birthplace				
Name of person giving information	Charles H Hudson	How related to deceased				

CAUSES OF DEATH

⑨

PHYSICIAN  
OR CORONER

Primary Laryngeal diphtheria

How long

6 days

Immediate Apnea

How long

Few minutes

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

yes

J. C. C. D.

Salisbury, Md

(over)

Accident or Suicide?

This patient was taken while  
picking berries in Worcester Co.,  
Md., and no anti-toxin was used. He  
was sent home June 19, '07, and  
I was called June 20, a couple of  
hours before death and used 6000  
units anti-toxin which was the first  
used, and injected it, but he died shortly

J. M. Martin

Name  
in  
Full

Infant of E. Parker Huffington

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

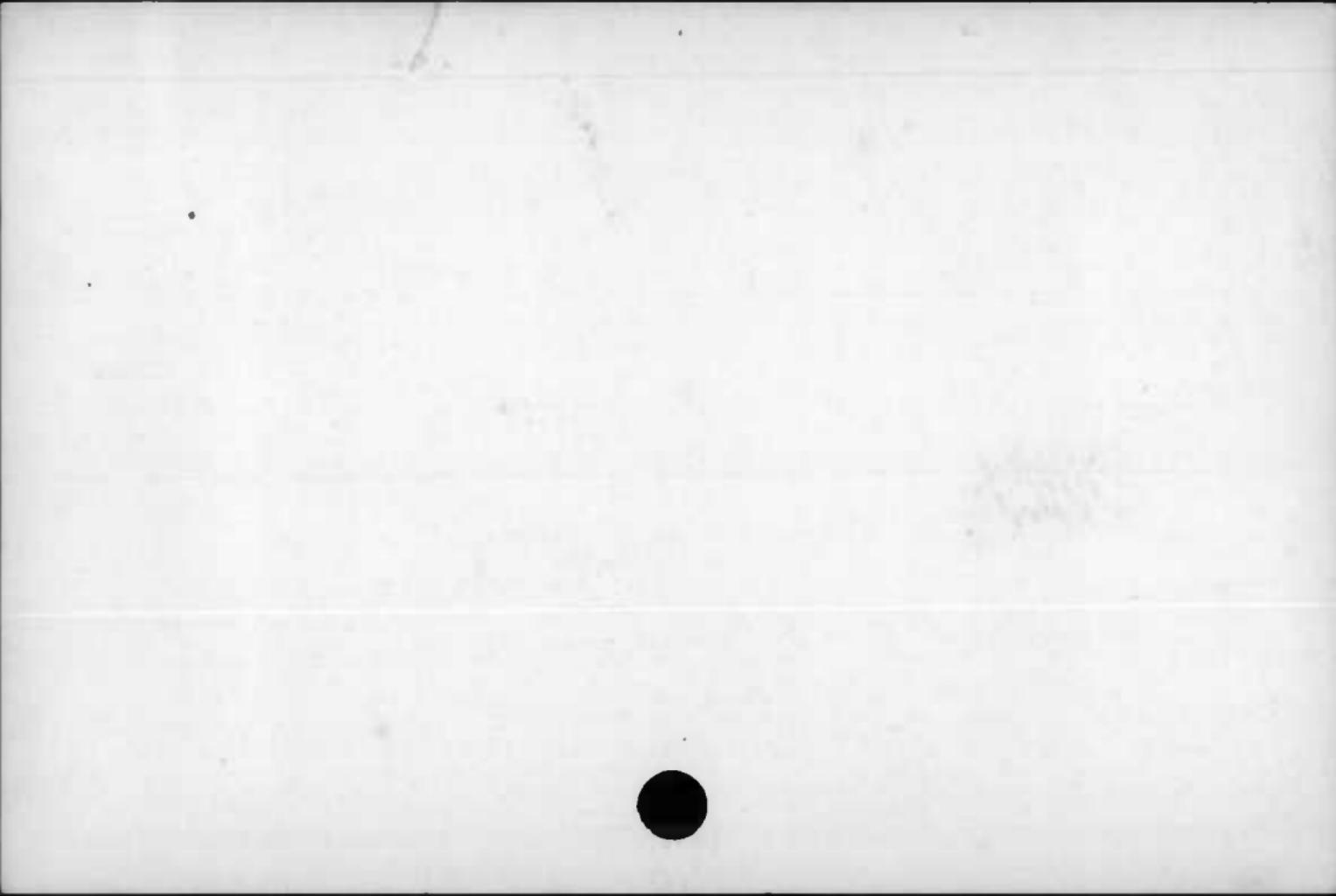
Died at	Allen	Town	County	MARYLAND		
Date of death	1907	Month June	Day 23	Age	Years	Months
Sex	Male	Color or Race	White	Birth-place	2	Days 6
Occupation	Where Residing if not at place of death			Near Allen Md.		
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	E. Parker Huffington			Father's Birthplace	Micomico Co. Md.	
Mother's Maiden Name	Ida B. Limins			Mother's Birthplace	"	"
Name of person giving Information	Mrs. E. H. Nichols			How related to deceased	Aunt	

CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary	Dermition & Jaundice neonatorum		How long	2 months
Immediate	Excitation & Heart failure		How long	
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	Louis C. Dennis M.D.
			Address	Salisbury Md.
Accident or Suicide?				



Name  
in  
Full

Slice M Parker

CERTIFICATE OF DEATH

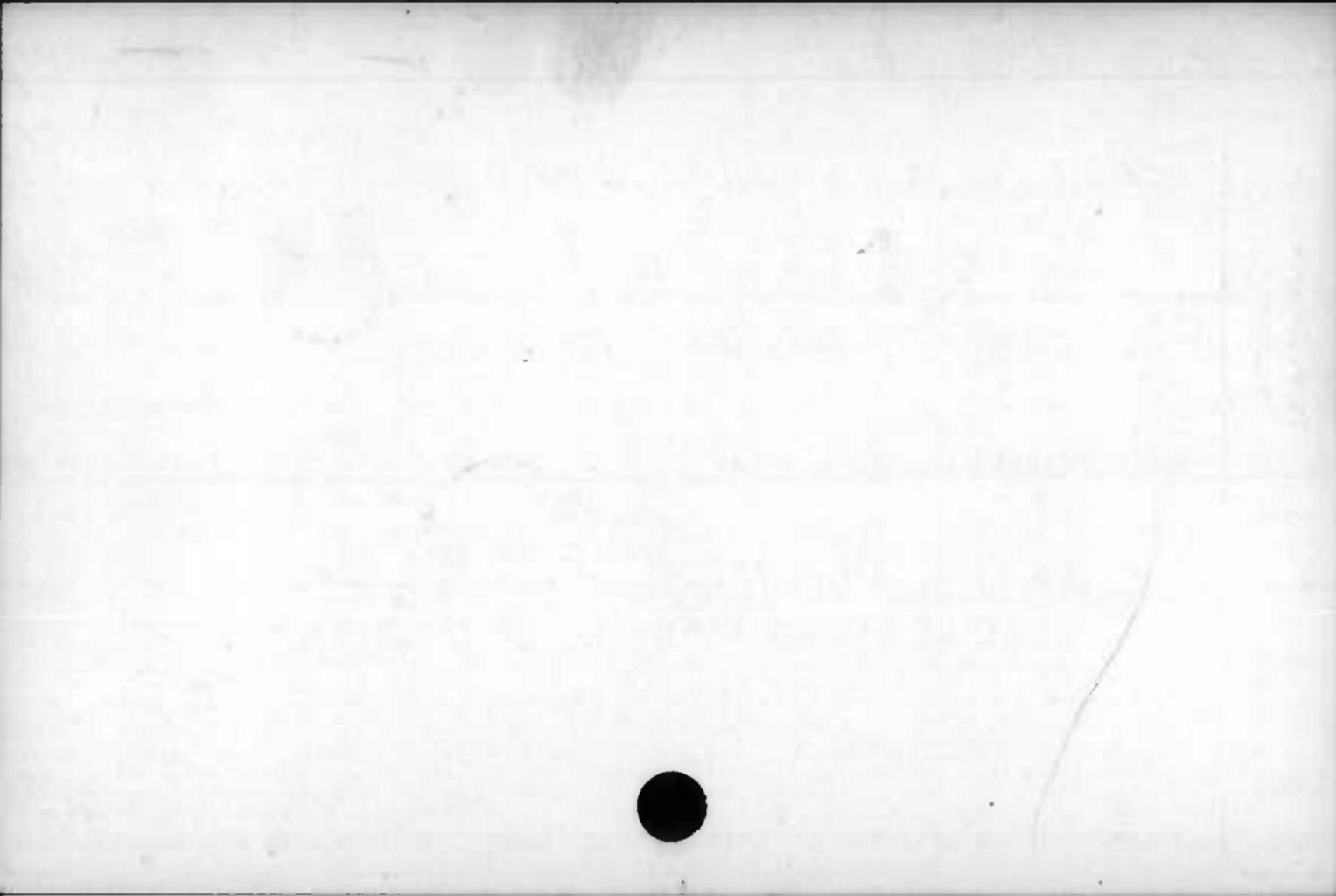
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Died at	Salisbury	Wicomico	
Date of death	1907	Month	July
	28	Day	26
		Age	Years
		1	Months
			Days
Sex	Female	Color or Race	White
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	John N Parker		
Mother's Maiden Name	Lucy A Shuckley		
Name of person giving information	John N Parker		
	Father's Birthplace	Md	
	Mother's Birthplace	Md	
	How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Acute Dystentery		(14)	How long 3 or 4 days
Immediate	Toxæmia			How long 3 or 4 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Leonardtown Md.	
		Address	Salisbury Md.	
Accident or Suicide?				



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Died at <i>Festerville</i>		Town	County <i>Oxonian</i>		MARYLAND			
Date of death <i>1907</i>	Month <i>6</i>	Day <i>10</i>	Years <i>69</i>	Age <i>69</i>	Months <i>—</i>	Days <i>—</i>		
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Cambria N.J.</i>					
Occupation <i>Retired old soldier</i>			Where Residing if not at place of death <i>Maryland Richards</i>					
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Maryland Richards</i>		Father's Birthplace <i>don't know</i>					
Father's Name <i>don't know</i>			Mother's Birthplace <i>don't know</i>					
Mother's Maiden Name <i>"</i>			How related to deceased <i>Son</i>					
Name of person giving Information <i>Howard E. Richards</i>								

## CAUSES OF DEATH

104

How long

Primary

Immediate

Stomach Trouble

How long

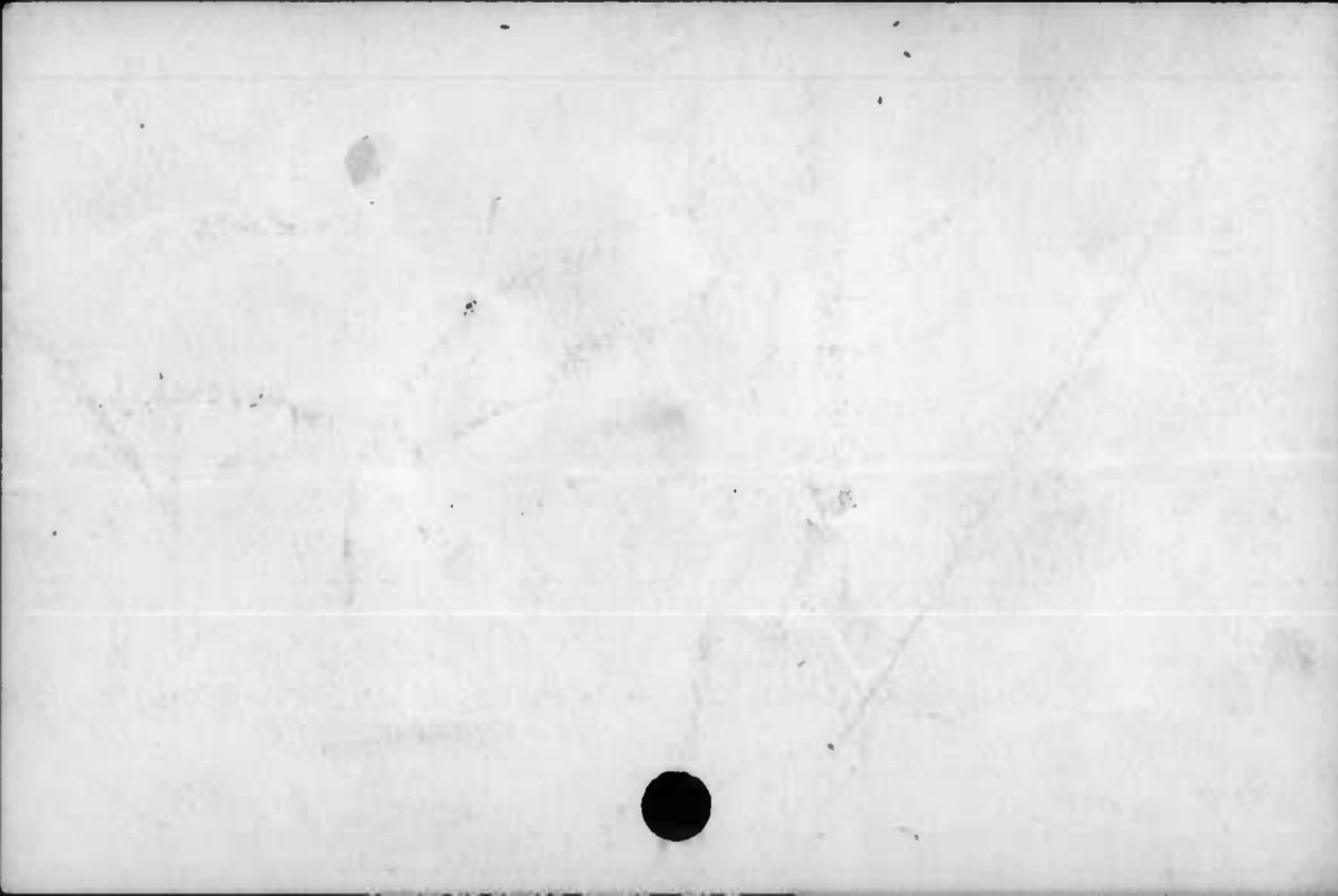
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J H O Day Esq.  
Festerville  
3rd

Accident or Suicide?



Name  
in  
Full

Fannie B Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

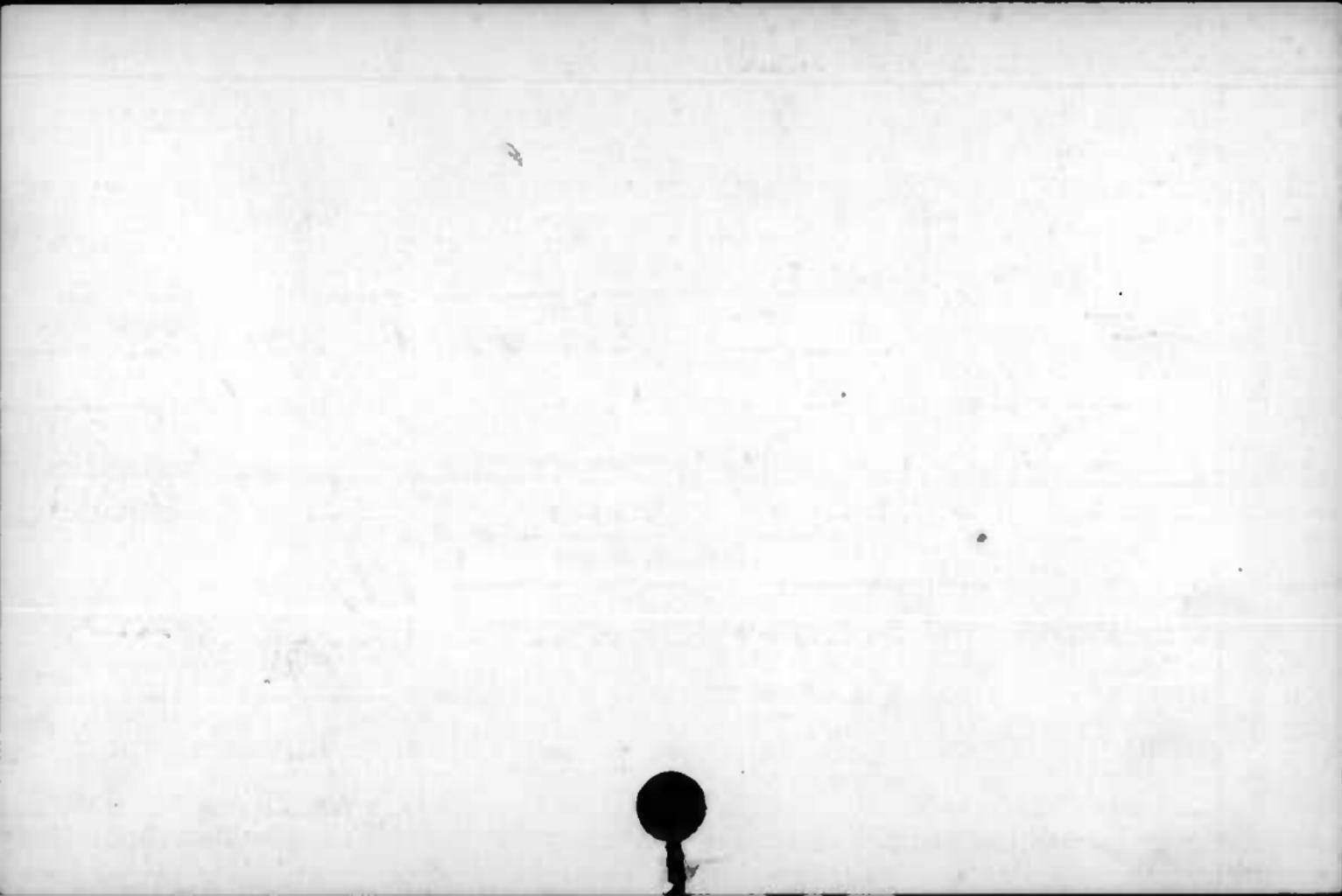
Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age		Birth-place		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	James B Smith				
Father's Name	Daniel B O'neal					Father's Birthplace
Mother's Maiden Name	Sarah E Norcross					Mother's Birthplace
Name of person giving information	James B Smith					How related to deceased

CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	Mitral Regurgitation		How long
Immediate	Asthma due to edema		How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. G. O'neal
		Address	Salisbury, Md.
Accident or Suicide?	No		



Name  
in  
Full

Ina Ward Waller

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	Birth-place			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Died			Waller	
Father's Name	J. D. White			Father's Birthplace St. Peter		
Mother's Maiden Name	Willie Minter			Mother's Birthplace Wingo, N.C.		
Name of person giving information	Thomas Waller			How related to deceased Husband		

CAUSES OF DEATH

27

Primary

Liver cirrhosis of left lobe

How long

15 months

Immediate

Hepatoma

How long

Are the name, age, sex, color, date and place correctly given above?

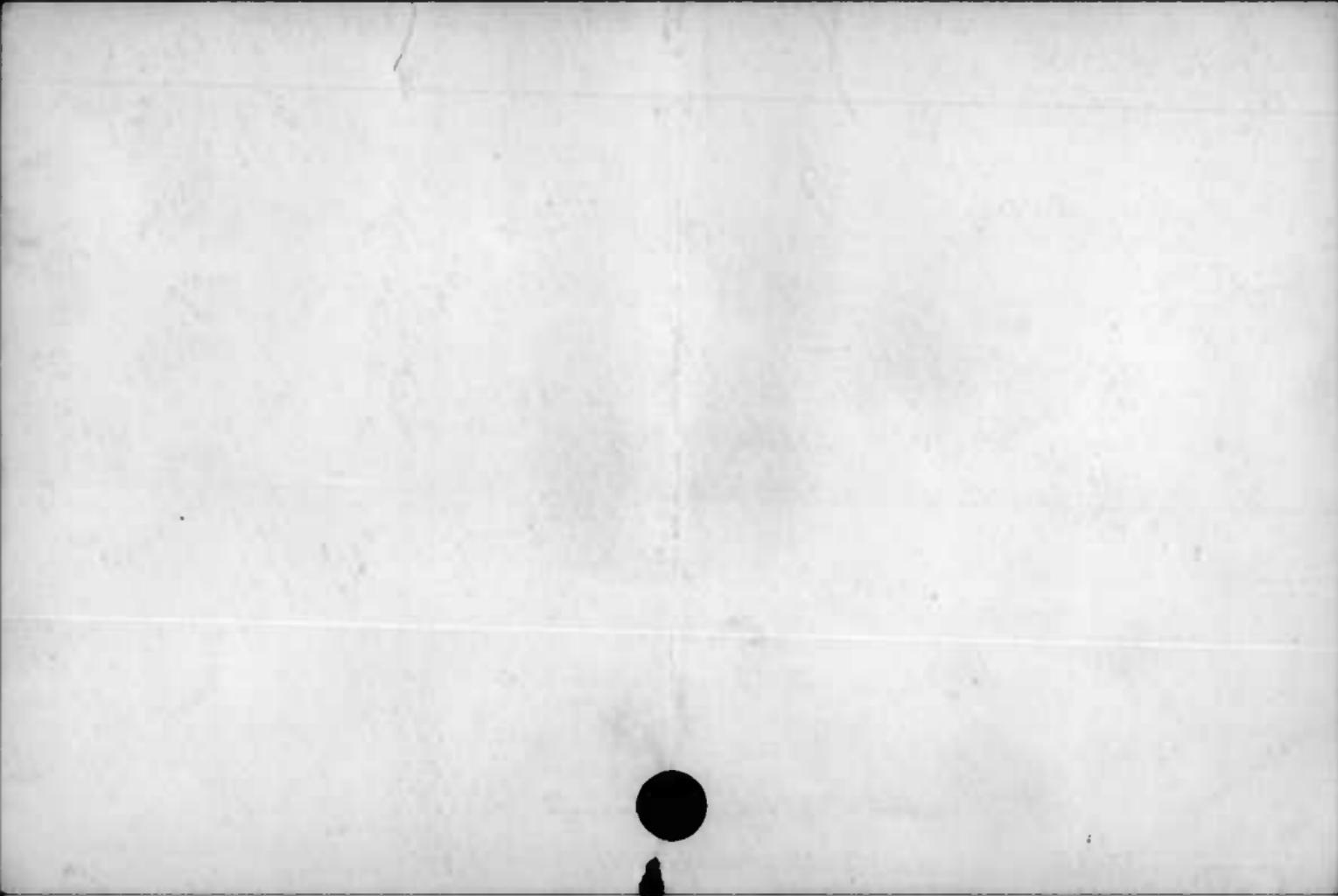
Signature of Physician

Address

J. H. Lyle M.D.  
Dorchester  
Maryland

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

Willing

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 190	Month	Day	Years Months Days
Sex	Color or Race	Age	Birth-place
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	V	
Father's Name	Byrd Willing	Father's Birthplace	Salisbury Md.
Mother's Maiden Name	Bessie Carey	Mother's Birthplace	Brown Hill Md.
Name of person giving information	Bessie Carey Willing	How related to deceased	Mother

CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary

Seven months birth

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Alton B. Potter

Address

Salisbury Md.

Accident or Suicide?

